
County: Clark CLARK COUNTY HEALTH CARE CENTER W4266 STATE HIGHWAY 29 OWEN 54460 Phone: (715) 229-2172
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 180
Total Licensed Bed Capacity (12/31/00): 191
Number of Residents on 12/31/00: 167 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 169

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	25. 7 37. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	16. 2	More Than 4 Years	37. 1 37. 1
Day Servi ces Respi te Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	44. 9 22. 8	65 - 74 75 - 84	19. 2 30. 5		100. 0
Adult Day Care Adult Day Health Care	Yes No	Al cohol & Other Drug Ábuse Para-, Quadra-, Hemi pl egi c	0. 0 2. 4	85 - 94 95 & 0ver	31. 7 2. 4	**************************************	********
Congregate Meals	No	Cancer	4. 2	95 & Over		Nursing Staff per 100 Re	esi dents
Home Delivered Meals Other Meals	No Yes	Fractures Cardi ovascul ar	9. 0 3. 6	65 & 0ver	100. 0 83. 8	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	6. 0 1. 8	Sex		RNs LPNs	10. 1 3. 7
Other Services	No	Respi ratory	5. 4			Nursing Assistants	
Provide Day Programming for Mentally Ill	Yes	Other Medical Conditions	0.0	Male Female	49. 1 50. 9	Aides & Orderlies	54. 9
Provi de Day Programming for			100. 0	I CHILLI C			
Developmentally Disabled	Yes	· · · · · · · · · · · · · · · · · · ·	*****	<u> </u>	100.0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			ri vate			Manageo			Percent
			Per Die	m		Per Di ei	m		Per Die	m		Per Dien	1	I	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Total Carre			0101 00		0.0	0110 04			00.00			00.00			00.00		0.00/
Int. Skilled Care	1		\$121.00	5	3.8	\$119.34	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	6	3. 6%
Skilled Care	11	91. 7	\$121.00	88	67. 2	\$102.06	0	0. 0	\$0. 00	18	75. 0	\$121.00	0	0. 0	\$0. 00	117	70. 1%
Intermediate				38	29. 0	\$84. 77	0	0.0	\$0.00	6	25.0	\$90.00	0	0. 0	\$0.00	44	26. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	12	100.0		131	100. 0		0	0.0		24	100.0		0	0.0		167	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 12. 1 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 9. 1 Bathi ng 16. 2 44.9 38. 9 167 Other Nursing Homes 13. 1 Dressi ng 26. 9 35. 9 37. 1 167 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 48. 5 59.6 31. 1 20.4 167 34.7 1.0 Toilet Use 33. 5 31.7 167 2.0 41.3 19. 2 167 Other Locations **************** 3.0 Total Number of Admissions 99 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.8 3. 6 Private Home/No Home Health 15.4 Occ/Freq. Incontinent of Bladder 43. 1 0.0 Private Home/With Home Health 21. 2 Occ/Freq. Incontinent of Bowel 24. 0 0.6 Other Nursing Homes 8. 7 1. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.5 Mobility 3.0 Physically Restrained 10.8 1.0 15.0 0.0 Other Locations 4.8 Skin Care Other Resident Characteristics 36. 5 Deaths With Pressure Sores 5. 4 Have Advance Directives 61.7 Total Number of Discharges With Rashes Medi cati ons 3. 6 Receiving Psychoactive Drugs 104 50.9 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li censure:			
	Thi s	Government		100- 199		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88. 5	87. 0	1.02	82. 6	1. 07	84. 1	1.05	84. 5	1.05
Current Residents from In-County	53. 9	75. 8	0.71	79. 7	0. 68	76. 2	0.71	77. 5	0. 70
Admissions from In-County, Still Residing	31. 3	28. 9	1.08	22. 3	1.41	22. 2	1.41	21. 5	1.46
Admi ssi ons/Average Daily Census	58. 6	81. 9	0. 72	126. 4	0.46	112. 3	0. 52	124. 3	0.47
Discharges/Average Daily Census	61. 5	83. 2	0. 74	127. 9	0.48	112.8	0. 55	126. 1	0.49
Discharges To Private Residence/Average Daily Census	22. 5	32. 1	0. 70	52. 7	0. 43	44. 1	0. 51	49. 9	0. 45
Residents Receiving Skilled Care	73. 7	88. 8	0. 83	89. 2	0. 83	89. 6	0. 82	83. 3	0. 88
Residents Aged 65 and Older	83. 8	89. 7	0. 93	95. 1	0. 88	94. 3	0.89	87. 7	0. 96
Title 19 (Médicaid) Funded Residents	78. 4	69. 4	1. 13	70. 7	1. 11	70. 1	1. 12	69. 0	1. 14
Private Pay Funded Residents	14. 4	20. 1	0. 72	19. 5	0. 74	21. 4	0. 67	22. 6	0.64
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	67. 7	47. 5	1.42	36. 3	1.87	39. 6	1. 71	33. 3	2.03
General Medical Service Residents	0.0	15. 2	0.00	19. 1	0.00	17. 0	0.00	18. 4	0.00
Impaired ADL (Mean)	48. 3	50. 7	0. 95	48. 4	1. 00	48. 2	1.00	49. 4	0. 98
Psychological Problems	50. 9	58 . 0	0. 88	49. 3	1.03	50.8	1.00	50. 1	1.02
Nursing Care Required (Mean)	4. 0	6. 9	0. 58	6. 5	0.62	6. 7	0.60	7. 2	0.57